

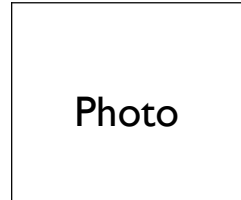
DETAILS OF NOMINATION

Please tick the box that applies

☐ Option 1 - if the first nominee predeceases the 2nd nominee will receive the Full Benefit.

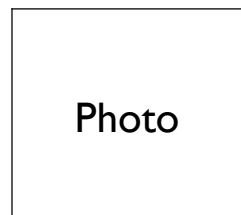
☐ Option 2 – Both nominees will receive equal 50% share of the Family Benefit.

1. Name of the Nominee _____
Specimen Signature _____
Relationship with Member _____



2. Name of the Nominee _____
Specimen Signature _____
Relationship with Member _____

Member's Signature _____



✂ Cut from here

✂ Cut Address for Courier

CINE MUSICIANS ASSOCIATION

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